Anja Lotze Jakobistr 12 83416 Saaldorf-Surheim Germany

United States Bankruptcy Court Southern District of New York One Bowling Green New York, New York 10004-1408 USA



Saaldorf-Surheim, 02 March 2010

Withdrawal of Claim 18284

Dear Sirs,

I am withdrawing my attached claim 18284.

Sincerely,

Lie Lote

7004410	DEN DISTRICT OF NEW YORK	PROOF OF CLAIM
7004410 UNITED STATES BANKRUPTCY COURT FOR THE SOUTHI	Case No.	Your Claim is Schoduled As Follows.
Name of Debtor (Check Only One) Motors Liquidation Company (f/k/a General Motors Corporation) MLCS, LLC (f/k/a Saturn, LLC) MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation UMLCS Distribution Corporation (f/k/a Saturn Distribution Corporation UMLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc) NOTE This form should not be used to make a claim for an administrative expense arising a for purposes of asserting a claim under 11 USC § 503(b)(9) (see Item # 5) All other requests for 10 USC § 503	09-50026 (REG) 09-50027 (REG) 09-50028 (REG)	
NOTE: Interpreted in street and a claim under 11 USC § 503(b)(9) (see Item # 3) All other requesting a claim under 11 USC § 503(b)(9) (see Item # 3) All other requesting a claim under 11 USC § 503	J a. F -V	CITY GO
Name of Creditor (the person or other entity to whom the debtor ower money or property) ANJA LOTZE	Check thus box to indicate that this	CENT OUT
Name and address where notices should be sent ANJA LOTZE	claim amends a previously filed claim	2 MM 2 200 N.C.
JAKOBISTR 12 SAALDORF-SURHEIM 83416	Court Claim Number	
GERMANY		the same and become a classic
107	Filed on	If so amount is identified above, you have a claim scheduled by one of the Debuna as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount) If you amendment to a previously scheduled amount I if you
Telephone number + 49 178 175 9017 Email Address ANIA. LOTZE® CHAIL. COM Email (different from above)		
Name and address where payment should be sell (it	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy	claim form, EXCEPT AS FOLLOWS If the amount claim form, EXCEPT AS FOLLOWS If the amount claim form, EXCEPT AS FOLLOWS If the amount claim is based as DISPUTED, UNLIQUIDATED, or shown is based as DISPUTED, UNLIQUIDATED, or
FILED - 18284	of statement giving perticulars	DECEMBER OF THE PROPERTY AND A SECOND PROPER
MOTORS LIQUIDATION COMPANY FIKIA GENERAL MOTORS CORP	Check this box if you are the debtor	SCCOLCARCE MIRE THE STREETS STREETS AND ADDRESS OF THE PERSON ADDRES
AND H 114-2000-	or trustee in this case	file again
Telephone number 1 Amount of Claim as of Date Case Filed, June 1, 2009. 1 Amount of Claim as of Date Case Filed, June 1, 2009. 1 Amount of Claim is secured, complete stem 4 below, however, if all of your claim is secreted pur 1 Fall or part of your claim is secreted pur	5190,02	5 Amount of Claim Entitled to Priority under 11 U.S.C. § 587(a). If any portion of your claim fails
Check thus box if claim includes interest or other charges in addition to the itemized statement of interest or charges Basis for Claim DERT CLAIM SIAM XS 0: 7: 243 Basis for Claim DERT CLAIM SIAM XS 0: 7: 243 Basis for Claim DERT CLAIM SIAM XS 0: 7: 243 Basis for Claim DERT CLAIM SIAM XS 0: 7: 243 Basis for Claim Siam number by which crediter identifies debtor 3a Debtor may have scheduled account as (See instruction #3 on reverse side) Check the appropriate box if your claim is secured by a lien on property or information Nature of property or right of setoff: DReal Estate DMotor Describe Value of Property SA Annual Interest Rate SA Annual Interest Rate Samulat of arrenrage and other charges as of thme case filed included Basis for perfection Annual of Secured Claim SA Annual Unsecured Credits The amount of all payments on this claim has been credited for Documents Attach reducted copies of any documents that support the claim annual statements or running accounts, contracts, judgments on the country of support the claim support support the claim support	the principal amount of claim. Attach 3643 a right of setoff and provide the requested Achicle D Equipment D Other In secured claims, if any. \$ the purpose of making this proof of claims laims, such as promissory notes, purchase mits, mortgages, and security agreements	check the box and state the amount Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U S C § 507(a)(4) Contributions to an employee benefit plan – 11 U S C § 507(a)(5) Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, farmly, or household use – 11 U S C § 507(a)(7) Taxes or penalties owed to governmental units – 11 U S C § 507(a)(8) Value of goods received by the Debtor within 20 days before the date of commiscement of the case – 11 U S C § 507(a)(2) Other – Specify applicable peragraph of 11 U S C § 507(a)(_) Amount entitled to priority
a security interest. You may also attach a summary (COLINE MAY BE DESTROYED AFTER DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER		*Amounts are subject to adjustment on 4///0 and every 3 years thereafter with respect to cases commenced on or after
SCANNING If the documents are not available, please explain in an attachment		the date of continuent
If the documents are not available, please explain in an automated FOR COURT USE ONLY Signature The person filing this claim must sign it Sign and print name and title, if any, of the creditor or Signature The person filing this claim and state address and telephone number if different from the notice Other person authorized to file this claim and state address and telephone number if different from the notice		
Date 10/23/04 other person authorized to life this claim and and address above. Attach copy of power of attorney, if		
Company of the state of the		